



RECEIVED

OCT 23 2014

State of South Dakota  
Campaign Finance Disclosure Statement

S.D. SEC. OF STATE

Full Name of Committee:

Lyman County Republican Central Committee

Committee Chair, Treasurer, Candidate

Tonya Ness

Sarah Costin

E-Mail

Sarahajorgensen@yahoo.com

Committee Street Address

PO Box 113 Kennebec SD 57544

Committee Postal Address

Sarah Costin

Name of Person Making Report

Daytime Telephone #

Evening Telephone #

If Candidate Committee, please note office being sought, and District # (If applicable)

Political party affiliation (if any)

If Ballot Question Committee, Ballot Question number or letter.

Supporting? ☐

Opposing? ☐

Type of Campaign Statement:



Pre-Primary



Pre-Convention



Pre-General



Mid-Year



Year-End



Amendment



Supplement



Termination

VERIFICATION OF PERSON MAKING REPORT

I, Sarah Costin

(print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. I also understand that failure to timely file any statement, amendment, or correction required subjects the treasurer responsible for filing to a civil penalty per day for each day that the statement remains delinquent.

Date

10/23/14

Signature of Treasurer

Sarah Costin

County, municipal and school candidates file this statement with the person in charge of the local election.

Statewide PACs, political party, ballot question and other committees file this statement with the Secretary of State's Office.

Secretary of State, Elections Department  
500 East Capitol Ave., Ste 204  
Pierre, SD 57501  
or fax to 605-773-6580 or  
e-mail to cash@state.sd.us

Fax and e-mail images must contain the signature(s) and the original must be filed in our office within one week following the date the fax/e-mail was received.

## INCOME

### Direct Contributions from Individuals

Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space or you may attach additional sheets of paper.

| <b>Unitemized Contributions from Individuals</b>   | <b>Amount</b> |
|--|---------------|
| Enter total of all <i>unitemized</i> contributions (\$100 or less each from individuals) here: | \$            |

Line item A1

### Itemized Contributions from Individuals

Enter all *Itemized* contributions (\$100 or more each from individuals) below:

[illegible]



## Direct Contributions from Organizations

An organization is defined as any corporate entity, partnership, association, club, labor union, or any group organized in a corporate form that is not defined as a political committee or political party. ONLY PAC's and Ballot Committee Questions may receive direct contributions from organizations.

[illegible]

### Direct Contributions from Political Parties

| Contributions from Political Parties                          |                              |        |
|---|------------------------------|--------|
| Name  | Residential (Street) Address | Amount |
|   |                              | \$ .   |
|   |                              | \$ .   |
|   |                              | \$ .   |
|   |                              | \$ .   |
|   |                              | \$ .   |
| Enter total of all contributions from Political Parties here: |                              | \$ .   |

Line item C1

### Direct Contributions from In-State Political Action Committees

[illegible]

Line item D1



## Direct Contributions from Out-of-State Political Action Committees

| <i>Contributions from Federal Political Action Committees</i>  |                           |               |
|--|---------------------------|---------------|
| <b>Name</b>  | <b>Filing Web Address</b> | <b>Amount</b> |
|  |                           | \$ .          |
|  |                           | \$ .          |
|  |                           | \$ .          |
|  |                           | \$ .          |
|  |                           | \$ .          |
|  |                           | \$ .          |
|  |                           | \$ .          |
|  |                           | \$ .          |
|  |                           | \$ .          |
|  |                           | \$ .          |
| Enter total of all contributions from Federal Political Action Committees or Out-of-State Candidate Committees here: |                           | \$ .          |

Line item D2

## Direct Contributions from Candidate Committees

| <i>Contributions from Candidate Committees</i>                   |                                     |               |
|--|-------------------------------------|---------------|
| <b>Name</b>  | <b>Residential (Street) Address</b> | <b>Amount</b> |
|  |                                     | \$ .          |
|  |                                     | \$ .          |
|  |                                     | \$ .          |
|  |                                     | \$ .          |
|  |                                     | \$ .          |
|  |                                     | \$ .          |
|  |                                     | \$ .          |
|  |                                     | \$ .          |
|  |                                     | \$ .          |
|  |                                     | \$ .          |
|  |                                     | \$ .          |
|  |                                     | \$ .          |
|  |                                     | \$ .          |
|  |                                     | \$ .          |
|  |                                     | \$ .          |
|  |                                     | \$ .          |
|  |                                     | \$ .          |
|  |                                     | \$ .          |
|  |                                     | \$ .          |
|  |                                     | \$ .          |
| Enter total of all contributions from Candidate Committees here: |                                     | \$ .          |

Line item E1

## In-Kind Contributions

| <i>Non-cash contributions of good and services and the estimated fair market value</i> |                                     |                        |
|--|-------------------------------------|------------------------|
| <b>Description</b>   | <b>Name and residential address</b> | <b>Estimated value</b> |
|  |                                     | \$ .                   |
|  |                                     | \$ .                   |
|  |                                     | \$ .                   |
|  |                                     | \$ .                   |
|  |                                     | \$ .                   |
|  |                                     | \$ .                   |
|  |                                     | \$ .                   |
|  |                                     | \$ .                   |
|  |                                     | \$ .                   |
|  |                                     | \$ .                   |
|  |                                     | \$ .                   |
| Enter total of all estimated in-kind contributions here:                               |                                     | \$ .                   |

Line Item F1

## Other Income

| <i>Refunds, rebates, interest earned, sale of property, or other income which is not a direct contribution.</i> |                              |               |
|---|------------------------------|---------------|
| <b>Source of Income</b>   | <b>Description of Income</b> | <b>Amount</b> |
| Bankwest  | Return of Lost Funds         | \$ 500.00     |
|   |                              | \$ .          |
|   |                              | \$ .          |
| Enter total of other income here:   |                              | \$ 500.00     |

Line item G1

## Establishing and Administering Committee/Solicitation Costs

List a categorical description and the estimated value of funds or donations by any organization to its political committee for establishing and administering the political committee or solicitation costs of the political committee.

| <b>Organizational Name and Categorical Description for Direct Funds</b> | <b>Amount</b> |
|---|---------------|
|   | \$ .          |
|   | \$ .          |
|   | \$ .          |
| Enter total here:   | \$ .          |

Line Item H1



# EXPENDITURES

## Operational Expenditures

Categories have been provided for reporting common expenses. You may list other expense items at your discretion

| Campaign Expenses               | Amount    |
|---------------------------------|-----------|
| Advertising                     | \$ .      |
| Consulting                      | \$ .      |
| Interest                        | \$ .12    |
| Postage                         | \$ .      |
| Printing                        | \$ .      |
| Rent                            | \$ .      |
| Salaries                        | \$ .      |
| Telephone                       | \$ .      |
| Travel                          | \$ 165-   |
| Utilities                       | \$ .      |
| List other expense items below: | \$ .      |
|                                 | \$ .      |
|                                 | \$ .      |
|                                 | \$ .      |
|                                 | \$ .      |
|                                 | \$ .      |
|                                 | \$ .      |
|                                 | \$ .      |
|                                 | \$ .      |
|                                 | \$ .      |
|                                 | \$ .      |
|                                 | \$ .      |
|                                 | \$ .      |
|                                 | \$ .      |
|                                 | \$ .      |
|                                 | \$ .      |
|                                 | \$ .      |
|                                 | \$ .      |
|                                 | \$ .      |
|                                 | \$ .      |
|                                 | \$ .      |
|                                 | \$ .      |
|                                 | \$ .      |
|                                 | \$ .      |
|                                 | \$ .      |
|                                 | \$ .      |
| Enter total expenditures here:  | \$ 165.12 |

Line item X1

## Contributions Made to Candidates and Committees

| <i>Name of Candidate or Committee</i>                          | <i>Amount</i> |
|--|---------------|
|  | \$ .          |
|  | \$ .          |
|  | \$ .          |
|  | \$ .          |
|  | \$ .          |
|  | \$ .          |
|  | \$ .          |
|  | \$ .          |
|  | \$ .          |
|  | \$ .          |
|  | \$ .          |
|  | \$ .          |
|  | \$ .          |
| Enter total of contributions to candidates or committees here: | \$ .          |

Line item X2

## Debts and Obligations Owed by Committee

All committee obligations which are incurred but unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.

| <i>Owed to/Creditor's Name</i>           | <i>Nature of obligation</i> | <i>Address</i> | <i>Amount</i> |
|--|-----------------------------|----------------|---------------|
|  |                             |                | \$ .          |
|  |                             |                | \$ .          |
|  |                             |                | \$ .          |
|  |                             |                | \$ .          |
| Enter total debt owed by committee here: |                             |                | \$ .          |

Line item X3

## Loans Owed to Committee

Report the amount of each loan owed to the political committee or political party. The amount of each loan made during the reporting period and the balance of each loan owed to the committee at the end of the reporting period must be itemized.

| <i>Name of recipient of loan, including address.</i> | <i>Amount of loan made during the reporting period</i> | <i>Amount of loan repaid during the reporting period</i> | <i>Balance of loan at the end of the reporting period</i> |
|--|--|--|---|
|  | \$ .   | \$ .   | \$ .  |
|  | \$ .   | \$ .   | \$ .  |
|  | \$ .   | \$ .   | \$ .  |
| Enter total amount of loans owed to committee here:  | \$ .   | \$ .   | \$ .  |

Line Item Y1

Line item Y2

Line item Y3



# SUMMARY OF INCOME AND EXPENDITURES

|   |   |          |          |
|---|---|----------|----------|
| Balance of cash and cash equivalents on hand, if any, at the beginning of the reporting period: |   | \$       |          |
|   | Credit  | Debit    |          |
|   |   |          |          |
|   | Candidate's Personal Contribution to Own Campaign                           | \$       |          |
|   |   |          |          |
| come:   |   |          |          |
|   | Unitemized Contributions  | \$       |          |
|   | Itemized Contributions  | \$       |          |
|   | Contributions from Candidate Committees                                     | \$       |          |
|   | Contributions from Organizations  | \$       |          |
|   | Contributions from Political Parties  | \$       |          |
|   | Contributions from In-State PACs  | \$       |          |
|   | Contributions from Out-of-State or Federal PACs                             | \$       |          |
|   | In Kind Contributions   | \$       |          |
|   | Other Income  | \$ 500.- |          |
|   | Expenditures from an external source to establish a committee               | \$       | 165.12   |
| penditures  |   |          |          |
|   | Operational Expenditures  |          | \$       |
|   | Contributions to Candidates and Committees                                  |          | \$       |
|   | Debts and Obligations Owed by the Committee                                 |          | \$       |
|   |   |          |          |
| an Activity   |   |          |          |
|   | Monetary loan made to Candidate or Committee during reporting period        | \$       |          |
|   | Monetary loan made to Candidate or Committee repaid during reporting period |          | \$       |
|   | Monetary loan made by Committee during reporting period                     |          | \$       |
|   | Monetary loan repaid to Committee during the reporting period               | \$       |          |
|   |   |          |          |
|   |   |          |          |
| Amount on hand at the end of the reporting period:  |   | \$       | 4,815.61 |

**\*Note: You cannot end the reporting period with a negative balance.**

**County, municipal and school candidates file with the person in charge of the local election.**



**DECLARATION OF LOSS OR STOP PAYMENT ON  
CASHIER'S CHECK / MONEY ORDER / BANKWEST CHECK**

|   |  |                                      |
|---|--|--------------------------------------|
| Name:                                   | Lyman Co Republican<br>Central Committee<br>C/O Sarah Caslin | BANKWEST, INC.                       |
| Mailing Address:                        | PO BOX 113<br>KENNEBEC, SD 57544                             | 420 S PIERRE ST.<br>PIERRE, SD 57501 |
| "I" or "My" means person(s) named above |  | "You" or "Your" means BankWest, Inc. |

Date of this Order: 9/10/14

I represent that I am the ☐ Remitter (drawer), or ☒ Payee of a:  
☒ BankWest Cashier's Check, or ☒ Money Order, or ☐ BankWest Check, (hereinafter called the "instrument"), described as follows. In order for this claim / declaration of loss to be valid, I must describe the instrument involved with "reasonable certainty.

Instrument #: 006025

Dated: 7/15/10

Amount: \$ 500.00

Payable to: SECRETARY OF STATE ( REPUBLICAN DUES)

**STOP PAYMENT ORDER**

I request that all payment on the above-described instrument (aside from this claim) be stopped. Specifically, if in the future someone presents the instrument for payment, you (subject to the conditions stated in the next paragraph) are not to pay it.

This stop order (and claim I am making) becomes enforceable at the later of (i) the time the claim is asserted, or (ii) the 90<sup>th</sup> day following the date of the instrument was issued. In any case, this stop payment order is effective only if received at a time and manner affording you a reasonable time to act on it.

**LAW APPLICABLE**

This document is governed by the laws of the State of South Dakota. The law includes (but is not limited to) Uniform Commercial Code Section 3-312(if applicable)

**DECLARATION OF LOSS MADE UNDER PENALTY OF PERJURY**

- ☐ I / ☐ (we) the undersigned, under penalty of perjury hereby state the following to be true:
1. I/(we) have lost possession of the above-described instrument, and
  2. The loss of possession was not the result of a transfer by me/(us) nor was the loss the result of lawful seizure, and
  3. The status of the above-described instrument is best described as:  
☐ A. Destroyed - Describe how (i.e. in a fire, shredder, etc.: , or  
☒ B. Lost - and the whereabouts of the instrument are unknown, or  
☐ C. Stolen - the instrument is in the wrongful possession of an unknown person, or a person that cannot be found or is not amenable to service or process.

I/ (we) will not cash the original check if found or returned to me/ (us). Persons signing below certify that the above cited, to the best of their knowledge, is true. This certification is made under penalty of perjury.

Signature

Date

Signature

Date

**STATUS OF MONEY CLAIM**

- ☒ 1. Money for the above-described lost/stolen/or destroyed instrument was given to Lyman Co Republican on 10-16-14 in the form of ☐ Cash, or ☒ Check, or ☐ Credit Customer's BW Deposit Account.
- ☐ 2. Money was not given to claimant(s) on today's date of because: # 084121
- ☐ A. 90-days have not yet elapsed since the time the instrument was issued.
- ☐ B. Other reason:

Signature of Authorized BankWest Associate

Date





\*\*\*\*\*AUTO\*\*5-DIGIT 57544

3117 0.4250 AV 0.381 11 1 33

STATEMENT DATE

LYMAN CO REPUBLICAN CENTRAL COMMITTEE

09/30/14

C/O SARAH CASLIN TREASURER

PO BOX 113

KENNEBEC SD 57544-0113

ACCOUNT NO.

0505069570



PG 1  
1

REG E SNAPSHOT

\*\*\* CHECKING \*\*\* SELECT CHECKING PLUS

ACCOUNT NUMBER 0505069570

PREVIOUS STATEMENT BALANCE AS OF 06/30/14 4,490.49

PLUS 3 DEPOSITS AND OTHER CREDITS .12

LESS 1 CHECKS AND OTHER DEBITS 165.00

CURRENT STATEMENT BALANCE AS OF 09/30/14 4,315.61

NUMBER OF DAYS IN THIS STATEMENT PERIOD 92

\*\*\* CHECK TRANSACTIONS \*\*\*

| SERIAL | DATE  | AMOUNT | SERIAL | DATE | AMOUNT |
|--------|-------|--------|--------|------|--------|
| 5094*  | 08/14 | 165.00 |        |      |        |

\*\*\* CHECKING ACCOUNT TRANSACTIONS \*\*\*

| DATE  | DESCRIPTION      | DEBITS | CREDITS |
|-------|------------------|--------|---------|
| 07/31 | INTEREST PAYMENT |        | .04     |
| 08/31 | INTEREST PAYMENT |        | .04     |
| 09/30 | INTEREST PAYMENT |        | .04     |

\*\*\* BALANCE BY DATE \*\*\*

|       |          |       |          |       |          |       |          |
|-------|----------|-------|----------|-------|----------|-------|----------|
| 06/30 | 4,480.49 | 07/31 | 4,480.53 | 08/14 | 4,315.53 | 08/31 | 4,315.57 |
| 09/30 | 4,315.61 |       |          |       |          |       |          |

PAYER FEDERAL ID NUMBER..... 46-0177475

PROTECT YOUR CARD FROM ONLINE FRAUD. YOUR VISA CARD IS  
NOW EQUIPPED WITH VERIFIED BY VISA. IT PASSWORD PROTECTS  
FOR FREE. LEARN MORE AT [WWW.VISA.COM/SHOP](http://WWW.VISA.COM/SHOP) AND ACTIVATE.